

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

Alvianette Gibson-Kennedy

on behalf of Lillian R. Gibson

'Alleged Incapacitated'

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Mr. Robert M. Slutsky, Esq.

Ms. Diane Zabawski, Esq.

Ms. Kalpana Doshi, LSW

Ms. Tivia Olsen

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Rev Dr. Alvianette Gibson-Kennedy
1607 Reservoir Avenue
Montgomery County / Willow Grove
PA 19090-4492
215-252-6416

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Mr. Robert M. Slutsky, Esq.
 Street Address 600 West Germantown Pike Ste 400
 County, City Montgomery Cty / Plymouth Mtg
 State & Zip Code PA 19462

Defendant No. 2

Name Ms. Diane Zabawski, Esq.
 Street Address 117 East 2nd Avenue
 County, City Montgomery Cty / Collegeville
 State & Zip Code PA 19426

Defendant No. 3

Name Ms. Kalpana Dashi
 Street Address 31 Eagle Lane
 County, City Lancaster County / Reading
 State & Zip Code PA 19607-3303

Defendant No. 4

Name Ms. Jill Payne (Ms. Tina Olson)
 Street Address Montg. Cty. Aging & Adult Services
1430 DeKalb Street
 County, City Montgomery Cty / Norristown
 State & Zip Code PA 19404-0311

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☒ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

Constitutional - Protection Person Property Under Search / Seizure
Federal Reverse Mortgage Program, Federal Mortgage (FHFA)
Federal Pension (US Navy - Ret) Federal Benefits - SSA + Medicare

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship Pennsylvania

Defendant(s) state(s) of citizenship FHA/HUD (WASH DC) 1st MARYLAND BANK - SD

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? Montgomery County/
Willow Grove, PA 19090

B. What date and approximate time did the events giving rise to your claim(s) occur? A 2nd mortgage
originated in 2002 @ \$10K; A Reverse mortgage taken August 2012.

What
happened
to you?

C. Facts: o/a August 2012 - Mrs L Gibson secured a Federal Reverse mortgage
(RM) loan to payoff a problematic 2nd mortgage; after the originating
bank changed hands 4-6x in recent years. Each time transferring her
loan, losing documentation/payment records, changing terms & payoff.
Facing wrongful FORECLOSURE by FHA - recommend the RM to resolve the issues.

Who did
what?

o/a JAN 25, 2013 Mtg City AAS (T. used) came to her home for testing. A complaint
of ① Financial Exploitation (taking a loan against her will / w/o her knowledge /
consent) ② those loan proceeds then spent by persons unknown ③ that
Mrs Gibson had diminished/incapacitated. Mrs Gibson then 82 years.
Suffers MILD COGNITIVE IMPAIRMENT (short term memory loss)

Was
anyone
else
involved?

o/a A retired CIVILIAN ^{NAVY} Executive and former Mellon Bank Branch Manager
However is fully functional, Active, Awake, & cognizant of persons/events.
Mrs Gibson clearly spoke w/ Mrs. Gibson explained the 2nd mortg.
& banking concerns. Affirmed taking the RM & acknowledge
her bank accounts & deposits accordingly.

Who else
saw what
happened?

o/a Feb 20, 2013 - Her bank accounts were frozen w/o NOTICE/DUE PROCESS
o/a Feb 23, 2013 - A request for AN Emerg. Hearing - DENIED
the Court imposed A Guardian (Drash). AN Attorney (Zubowski)
o/a March 2013, April 2013 - Mr. Robert Slutsky Seized All
of Mrs Gibson's Assets - Personal, Property, Financially new
Person - placed all under the Guardianship of Mr. Drash himself.
Feb - July 2013 - Mrs Gibson has been denied all of her assets, has
not received ANY Court mandated

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Mrs. Gibson has suffered - tremendously.

- ① Falsely Accused of diminished/alleged incapacity
- ② Falsely imprisoned in her home ③ Assets/Person/Property wrongfully seized. ④ Deprivation of her earned Federal pension of \$3500/mo. ⑤ Deprivation of earned benefits: social security \$5.55/mo.
- ⑤ Made to live w/o the provision by her Court Appointed Guardian (Dash.) Food, Clothing, Shelter, Utilities, Medical Care, Treatment, Therapy, Transportation, Property & Personal Care maintenance. Her personal reputation, character, business & community relationships of 50+ yrs shattered. She has suffered irreparable harm - physical, social, emotional, economic, financial hardship & deprivation of consortium & companionship.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

- ① Immediate restoration of her RM proceeds \$135,000 to her NFLU bank accounts
- ② Immediate restoration of her Personhood, her real estate (Home) (Slutsky)
- ③ Immediate Receipt & restoration of her earned federal pension US Navy - \$3500/mo. & ④ Restoration of her Social Security benefit.
- ⑤ Immediate release from the Court Appoint Guardian who he's (Dash.) failed to provide any of the Court stipulated 'services/duties' etc.
- ⑥ Immediate release from the Court appointed attorney, who (Zabanski) has failed to protect, defend, advocate for Mrs. Gibson before/during/after appointment.
- ⑦ Immediate restoration of her durable power of attorney properly drawn & executed in Fall, 2012. ⑧ Immediate restoration of her eldest daughter as her Caregiver, Companion & DPOA holder.
- ⑨ Damages to her character/defamation, etc. \$250,000.
- ⑩ Compensatory damages for her Person/Property/Assets, False Imprisonment, theft by deception, etc. Seek 2.5x / \$350,000 - \$500,000
- ⑪ Provision of the paid off 1st/2nd mortgage debts the result of the RM - provided directly to Mrs. Gibson. She has yet to receive that official deed document from the State/Bank.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25 day of July, 2013

Signature of Plaintiff Michael J. Kennedy for
William Gibson
Mailing Address 1607 Reservoir Ave
William Grove PA 19096
Telephone Number 215 252 6416
Fax Number (if you have one) n/a
E-mail Address W.Gibson & 766@yahoo.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____